

Case Number:	CM15-0169642		
Date Assigned:	09/15/2015	Date of Injury:	07/28/2009
Decision Date:	10/16/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old male, who sustained an industrial-work injury on 7-28-09. He reported initial complaints of bilateral knee pain. The injured worker was diagnosed as having bilateral knee chondromalacia, left knee meniscal tear, and right knee compensatory. Treatment to date has included medication, surgery (left knee in 2009), acupuncture, ESI (epidural steroid injections), and transcutaneous electrical nerve stimulation (TENS) unit. Currently, the injured worker complains of bilateral knee pain with increase in right knee pain due to compensation. It is described as dull and sharp and rated 7 out of 10. Medication decreased the pain by 50 percent and LidoPro gave instant results for flare up pain. A left knee support is used and works full duty. A TENS unit has been helpful. Per the primary physician's progress report (PR-2) on 7-17-15, exam noted an antalgic gait, positive crepitus bilaterally. On 8-14-15, there were no changes in symptoms. Current plan of care includes right knee support, physical therapy, psychology consultation, and continued acupuncture. The Request for Authorization date was 7-17-15 and requested service included LidoPro cream 121 grams. The Utilization Review on 8-18-15 denied the request since there is no indication for use for localized neuropathic pain per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidopro cream 121 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8738567>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.